



## Quality of Care and Outcomes Assessment

### GENDER DIFFERENCES IN BASELINE CHARACTERISTICS, QUALITY OF CARE MEASURES, AND OUTCOMES AMONG PATIENTS HOSPITALIZED WITH ACUTE DECOMPENSATED HEART FAILURE IN ASIA-PACIFIC AND LATIN AMERICA REGIONS: ANALYSIS OF THE ACUTE DECOMPENSATED HEART FAILURE INTERNATIONAL REGISTRY (ADHERE-INTERNATIONAL)

ACC Moderated Poster Contributions  
McCormick Place South, Hall A  
Monday, March 26, 2012, 11:00 a.m.-Noon

Session Title: Quality of Care and Outcomes  
Abstract Category: 31. Quality of Care and Outcomes Assessment  
Presentation Number: 1261-480

Authors: *Yee Weng Wong, Li Liang, Gregg Fonarow, John Atherton, Christopher Hayward, Henry Krum, Adrian Hernandez, Duke Clinical Research Institute, Durham, NC, USA*

**Background:** There are limited data on gender differences among patients presenting with acute decompensated heart failure (ADHF) outside the North American and European regions.

**Methods:** The ADHERE-International registry consists of 9702 ADHF admissions from 70 hospitals in the Asia Pacific and Latin America regions from 2005-9. We compared the characteristics, quality of care (QOC) measures, and in-hospital outcomes between genders. The impact of gender was assessed with multivariable regression model, using generalized estimating equations to account for within hospital clustering.

**Results:** Females accounted for 42% of the cohort. Baseline characteristics differ between genders (Table). Females were less likely to be prescribed angiotensin converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB), beta-blocker, and diuretics both on admission and upon discharge. After adjusting for patients' characteristics, there were no differences between gender for in-hospital outcomes and QOC measures, except a modest association of male gender with the use of ACEi or ARB in patients with systolic impairment (Adjusted OR 1.14; 95% CI 1.00-1.29, P=0.048).

**Conclusions:** There are gender differences in patient characteristics, therapies, and QOC measures among ADHF admissions in Asian Pacific and Latin American countries, which are largely accounted for based on differences in age and baseline characteristics and were not associated with gender differences for in-hospital outcomes.

	Female	Male	Total	P Value*
<b>BASELINE CHARACTERISTICS</b>				
Age (years)	67.8±15.3	63.7±14.5	65.4±14.9	<0.0001
<b>Medical History</b>				
Ischemic Heart Disease	41.8	54.5	49.2	<0.0001
Hypertension	68.5	61.8	65.0	<0.0001
Atrial Fibrillation	25.9	23.1	24.3	0.0015
Diabetes Mellitus	46.9	43.6	45.0	0.0011
Renal Insufficiency (Serum Cr >2.0)	20.9	23.7	22.5	0.0010
<b>Baseline Findings</b>				
Initial Systolic Blood Pressure (mmHg)	141.9±33.0	132.5±30.8	136.5±32.1	<0.0001
LVEF >40%	49.5	29.5	37.9	<0.0001
<b>QUALITY OF CARE MEASURES</b>				
<b>All patients</b>				
LVEF Evaluation	83.6	86.9	85.5	<0.0001
Discharge Instruction Documentation	92.7	93.5	93.2	0.1705
Smoking Cessation Advice	14.5	25.0	23.9	0.0064
Martini for AF	37.9	40.9	39.5	0.1085
<b>Patients with LV Systolic Dysfunction</b>				
ACEi/ARB use	72.2	75.2	74.3	0.0447
Beta-blocker use	47.4	50.6	49.6	0.0612
Aldosterone antagonists	38.9	45.2	43.3	0.0002
<b>IN-HOSPITAL OUTCOMES</b>				
In-hospital mortality	4.2	4.8	4.5	0.1500
Median Hospital LOS (Days)	6 (3, 10)	6 (3, 10)	6 (3, 10)	0.1214

\* P values calculated for between gender comparisons: Wilcoxon two-sample test performed for continuous variables, Chi-square test for categorical variables. For categorical variables, values reported as percentage (%). For continuous variables, values reported as mean±S.D. or median (25th, 95th percentiles).

ACEi= Angiotensin converting enzyme inhibitors; ARB= Angiotensin receptor blockers; LVEF= left ventricular ejection fraction; LOS= length of stay